Foster Family Home - Corrective Action Report

-563975

Provider ID:

	anette Ligg	ayu, CNA	Review ID: Reviewer:	1-563975-4			
91-1267 Hoopio Stre Ewa Beach	HI	96706	Begin Date:	8/18/2016	End Date:	9/13/16	
Foster Family Ho	me F	Required Certif	icate	[1	7-1454-6]		
6.(d)(1)	Comply with	n all applicable rec	uirements in this ch	apter; and			
Comment:							
6 (d)(1) Home visit home visit with co	t made on t rrective act	8/18/2016 for a : ion plan due to (2-bed change to 3 CTA on 9/18/2016	-bed recertifica	ition. Correcti	ve action report iss	ued during
6 (d)(1) see applic	able sectio	ons of this review	<i>i</i> .				
Foster Family Ho	ome l	Personnel and	Staffing	[1	7-1454-41]		
41.(a)(3)	Have at leas	st one year of exp	erience in a home s	etting as a NA, a	LPN, or a RN	; and	
41.(b)(7) Comment:	Have a curr	ent tuberculosis c	learance that meets	department of h	ealth guideline		
41.(a)(3) CG#1, C	G#2, CG#3	3, and CG#4 No	Job Experiences	present in the	home.		
41.(b)(7) CG#1, C	G#2, CG#3	3, and CG#4 TB	clearance withou	t proof of positi	ve TB skin te	st or negative ches	t X-Ray.
	Complian	nce Manager			 Da	te .	
		wanayo	1				
	Primary (<i>andle</i> Care Giver	, Mggay	u	. <u> </u>	12/12/40 te	
Page 1 of 1					24	8/18/2	016 16:08 P M

Written Plan of Correction

Date: 09/09/14

41. (a)(3) CG#1, CG#2, CG#3 & CG#4 now have job experience completed on <u>09/09/16</u>. The primary caregiver put all the job experiences in the binder so this will not happen again in the future (at ached job experiences for all CGs).

41. (b)(7) CG#1, CG#2, CG#3 and CG#4 now have proof of TB clearance and this will not happen again because TB records are filed in the home binder permanently (TB records attached for all CGs).

Date: 09/09//4

Sign: <u>Jeanette P. Liggay</u>u

Home Address: Liggayu Foster Home

91-1267 Hoopio Street

Ewa Beach, HI 96706

Job Experience received for all CGs — ST)